

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Marcie Finney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address <b>2508 College Ave</b>		Amount <b>571.43</b>	
City <b>Fort Worth</b>	State <b>TX</b>	Zip Code <b>76110</b>	Transaction ID : <b>SE.4689</b>
Purpose of Expenditure Services for Printing and Design of Door Hanger		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 08 / 2014</b>
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>65801.60</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Pressman Printing Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 13 / 2014</b>	
Mailing Address <b>8308 Clifford St</b>		Amount <b>1970.72</b>	
City <b>Fort Worth</b>	State <b>TX</b>	Zip Code <b>76108</b>	Transaction ID : <b>SE.4690</b>
Purpose of Expenditure Printing and Shipping for Door Hangers		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 15 / 2014</b>
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>69949.58</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2542.15</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 20 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00563064       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Staples</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 500 Staples Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1106.46</div>	
City Farmingham	State MA	Zip Code 01702	<b>Transaction ID : SE.5030</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2014</div> </div>
Purpose of Expenditure Supplies for Phone Centers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">66908.06</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		<input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Staples</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 500 Staples Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">785.72</div>	
City Farmingham	State MA	Zip Code 01702	<b>Transaction ID : SE.5031</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2014</div> </div>
Purpose of Expenditure Supplies for Phone Centers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">67693.78</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014		<input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1892.18</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address    560 S. Winchester Blvd Ste 500		Amount <div> <div>Amount</div> <div>12500.00</div> </div>	
City San Jose	State CA	Zip Code 95128	<b>Transaction ID : SE.5034</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Advertising Services and Production		Category/ Type	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State:    IA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>85306.58</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	15357.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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Date \_\_\_\_\_

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NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Walmart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 18 / 2014</b>	
Mailing Address <b>702 SW 8th St</b>		Amount <b>285.08</b>	
City <b>Bentonville</b>	State <b>AR</b>	Zip Code <b>72716</b>	Transaction ID : <b>SE.5032</b>
Purpose of Expenditure Supplies for Phone Centers		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 11 / 2014</b>
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>67978.86</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>285.08</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>20076.41</b>

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